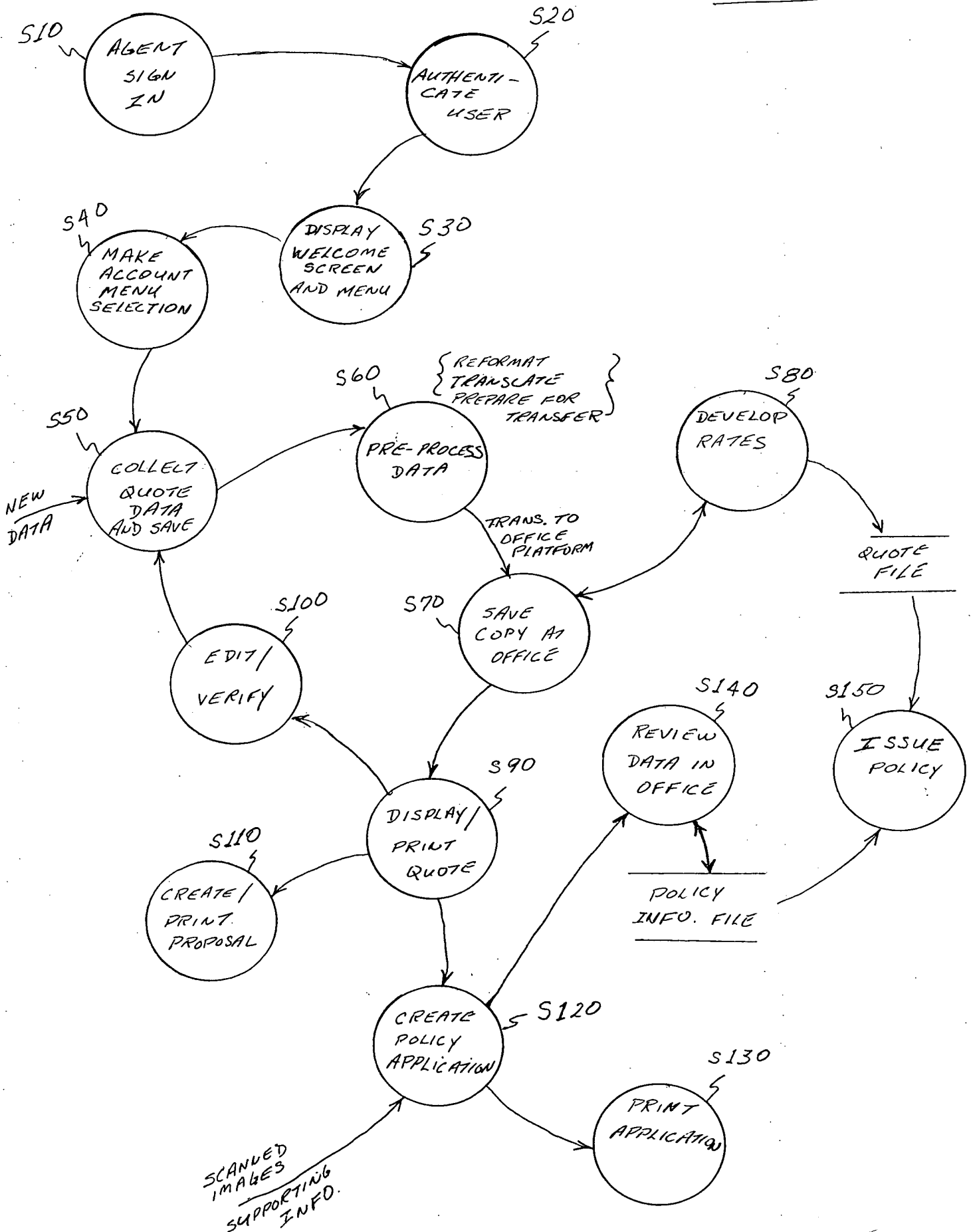


FIG. 1

09702489 103100





Old S.N 22209
68720160

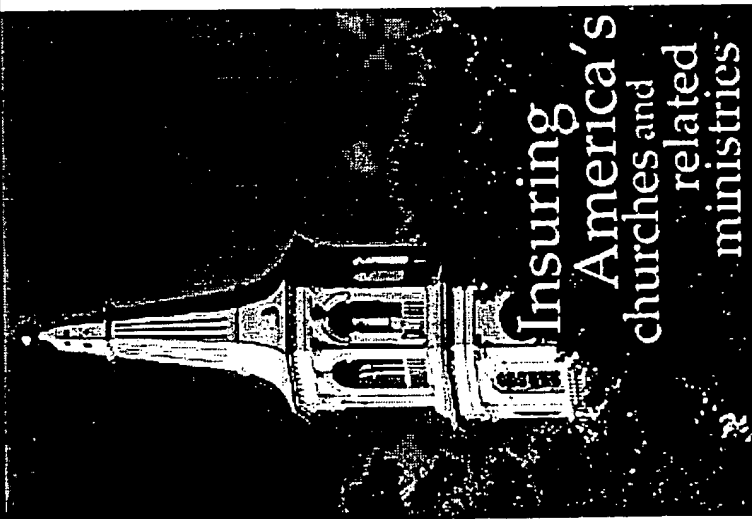
QUOTE " 68420260



Brotherhood Mutual
Insurance Company

Insuring America's churches and related ministries

SITE MAP | CONTACT US | LINKS | FOR AGENTS



About Brotherhood Mutual

Our History, Our Mission, Our Leadership Team, Our Agents, Our Financials

Insurance Programs

Church, School or Day Care, Camp or Retreat Center, College or University, District or Administrative Office, Mission Agency, Other Ministries, Homeowners, Family Auto

Resources

Protect Your Ministry, Publications, Article Archive, Additional Resources

Claims

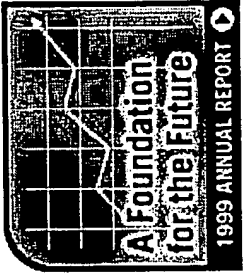
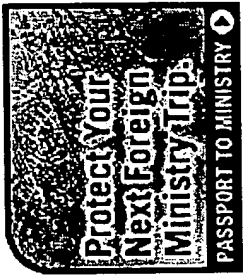
When a Loss Occurs, Claims Stories, Claims Testimonials

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FIG 2A

200



Ensuring America's churches and related ministries

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FIG. 2B

User Name
Password

[illegible]

210 →

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215

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001601" 681420260

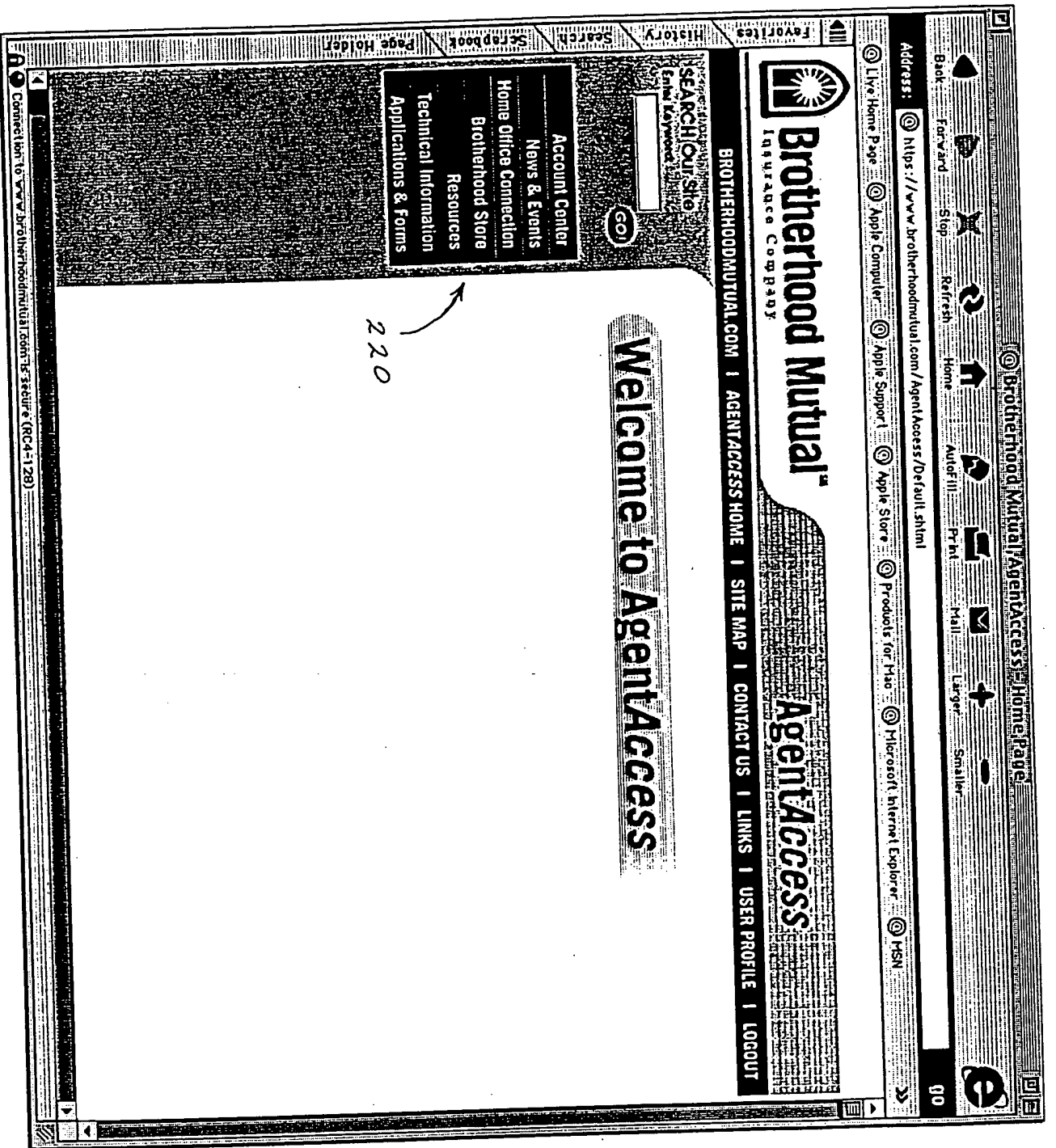


FIG. 2C

DATE: 10/16/2000

http://www.brotherhoodmutual.com/web/webactinfo.nsf - Microsoft Internet Explorer

Address: http://www.brotherhoodmutual.com/web/webactinfo.nsf



Brotherhood Mutual

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Account Center

Account List

VIEW BY NAME | VIEW BY DATE | NEW ACCOUNT

SEARCH:



Don L Glick
Brotherhood Mutual in House

Insured Name	Last Accessed	City	State
bob jones	10/04/2000	fort wayne	IN
Church of the Coles	10/17/2000	Ft Wayne	IN
First Church of Carol	10/10/2000	Cedar City	MO
First Church of Christ	09/15/2000	Sunnybrook	MI
First Church of God	10/03/2000	Columbia City	IN
First Leonhardt Church	10/09/2000	Fort Wayne	IN
First Presbyterian Church	10/16/2000	Hudsonville	MI
Leonhardt Baptist	10/05/2000	Fort Wayne	IN
Shepherd Baptist Church	10/18/2000	Shepherdsville	IN
Zion Lutheran Church	10/05/2000	San Francisco	CA

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300

F16.3A

DATE: 6/20/2000

http://www.brotherhoodmutual.com/web/webactinfo.nsf/basds1657961a51a0525692100670a0c/8bd0377e5 - Microsoft Internet Explorer

Address: http://www.brotherhoodmutual.com/web/webactinfo.nsf/basds1657961a51a0525692100670a0c/8bd0377e5b353c305256958004ffdf07OpenDocument

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testing don't click
Brotherhood Mutual In House

Account View

Account View

First Church of Carol

Account Information

Street Address: 123 Main St

City: Cedar City

State: MO

Zip: 64356

Phone: (123) 753-1111

Fax:

Web Address:

Contact Name: Ron Kuhn

Contact Phone: ext:

Contact E-mail:

Agent Name: Carol Kuhn

Quote Information

- ▶ Commercial Multi-Peril
- ▶ Commercial Auto
- ▶ Electronic Proposal

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F14 3B

001301-68420260

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 **Brotherhood Mutual**
Insurance Company

Ministry First

Insuring America's Churches and Related Ministries

DATE: 06/20/2010



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Insurance Company

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CMP Quoting

testing don l glick
testing don l glick # 0010

Policy

Property

Location

Liability

Clergy

400

* Required fields

Sub-Agency #:

Agent Initials: ***

Quote Number: New Quote

Agent Name: TESTING DON L ZZ GLICK

Policy State: IN

Quote Type: Property & Liability ☐

Territory: N/A ☐

Policy Information

* Insured TEST 1

Name:

Address: 123 MAIN STREET

City: FORT WAYNE

State: IN

Zip Code: 46801

Risk Type: Church ☐

Quote 10/04/2000 (MM/DD/YYYY)

Effective Date:

Comments :

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FILE 4A

001001 68420260



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CMP Quoting

testing don't click
testing don't click # 0010

Policy

Property

Locations

Utilities

Agents

* Required fields

TEST 1

New Quote

Property Insurance Coverage

Property IRPM (%):

Deductible:

Glass Deductible (\$):

Coverage Format:

Scheduled Values

Automatic Increase (%/year) - Buildings:

Personal Property:

Additional Property Coverage Requests

Theft of Building Materials
Additional Limit (\$):

(\$5,000 Limit is automatically included
in Property Protector)

Bond Coverage (\$):

Theft of Money & Securities
Additional Limit (\$):

(\$2,000 Limit is automatically included
in Property Protector)

Theft Deductible (\$):

Property Protector Endorsement:

Yes with Limited Ordinance & Law? Yes

Water Damage Coverage:

Sewer & Drain Backup:

Yes

F14 4B

001501 62420260

Inland Marine

Musical Instruments Limit (\$):		Deductible (\$):	100	
Office Equipment Limit (\$):	5000	Deductible (\$):	250	
Computer Equipment Limit (\$):		Deductible (\$):	100	
Computer Data and Media Limit (\$):		Deductible same as above		
Lawn Equipment Limit (\$):		Deductible (\$):	50	
Neon Sign Limit (\$):		5% Deductible		
Photo Equipment Limit (\$):		Deductible (\$):	100	

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F26. 4C

DATE: 6/8/2026



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CMP Quoting

testing don't click
testing don't click # 0010

Policy

Property

Locations

Utility

Other

DELETE LOCATION

123 MAIN STREET

* Required fields

TEST 1

New Quote

CHURCH

Add Building

Add Location

Location Information

* Address: 123 MAIN STREET

* Inside City Limits: Yes ☐

Township/Fire District:

Subscribe to Fire District: N/A ☐

* County: ALLEN

Feet To Hydrant: <= 1000 ☐

Miles To Fire Station: <= 5 ☐

Fire Territory: 1 ☐

EC Territory: 1 ☐

Special Load? Yes ☐

ISO Protection Class: 8 ☐

Special Perils Territory: A ☐

Defaults for Risks at this Location

Coinurance (%): 100 ☐

Loss Settlement: Replacement Cost ☐

FZG 4D

00T EOT " 62420260

Building Perils: Special

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FIG. 4E

DATE: 03/20/2010



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CMP Quoting

testing don I click
testing don I click # 0010

Policy | Property | Locations | Liability | Utility/Details | Client

* Required fields

TEST 1

New Quote

General Liability

Liability IRPM (%): 0 -

Liability Territory: 1

General Occurrence Limit (\$): 1,000,000

General Aggregate Multiplier: 3

Premises Medical Payments Limit (\$): 5,000 (per person)

Activities to Sq. Ft. Ratio: Average

* Size Category: High - 6 or more employees

of Full-time Employees: 5

of Part-time Employees: 3

FIG. 4/F

QUOTE# 63420460

Liability Classifications

Select all classifications to rate:

- ☒ Church
- ☐ Church Building Including On-Premises Cemetery
- ☐ Church Office Building
- ☐ Playgrounds
- ☐ Mothers Day Out Rated As Day Nursery
- ☐ Miscellaneous Small Retail Stores
- ☐ Thrift Shop
- ☐ Food &/Or Clothing Pantry
- ☐ Mission Church
- ☐ Dwellings - One-Family - Lessors Risk
- ☐ Dwellings - Two-Family - Lessors Risk
- ☐ Apartment, Tenement, Boarding Or Rooming Houses
- ☐ Cemeteries Off Premises
- ☐ Non-Owned Parking Lot
- ☐ Vacant Land - Less Than 5 Acres
- ☐ Vacant Land - 5 Acres Or More
- ☐ Building Or Premises - Commercial Lessor's Risk
- ☐ Real Estate Development Property
- ☐ Lakes Or Ponds
- ☐ Construction Operations - Owner

Other Liability Coverages

Select any other coverages to rate:

- ☐ Parsonage - No Charge
- ☐ Fire Legal (Over \$100,000)
- ☐ Nonowned Property Damage
- ☒ Special Events Non-Reporting
- ☒ Nonowned/Rented Vehicle
- ☒ Sexual Misconduct
- ☒ Clergy/Lay Counseling
- ☐ Fee-Based Counseling
- ☒ Religious Communications/Activities
- ☒ Directors And Officers
- ☐ Employee Benefits
- ☐ Employment Practices
- ☒ Discrimination Coverage
- ☒ Defense Reimbursement
- ☒ Religious Operations Athletic Medical
- ☒ Wage Loss Reimbursement
- ☐ Nurse's Professional
- ☐ Pesticide Application
- ☐ Construction Supervision
- ☐ Incidental Broadcasting
- ☒ Clergy Death Benefit

FIG. 4G

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DATE: 08/20/2000



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CMP Quoting

testing don I glick
testing don I glick # 0010

Policy

Property

Locations

Liability

Clergy

ADD CLERGY | DELETE CLERGY

* Required fields

TEST 1

New Quote

Clergy Information

Select Clergy Residence: CHURCH - Loc 1 Bldg 1

Property Coverage

Deductible (\$): 250

* Coverage Amount:

Sublimit for Jewelry, Fine Arts, etc:

Sublimit for Computers, Collectibles, etc:

Sublimit for Office Equipment, Sports, etc:

Sublimit for Bicycles, etc:

Liability Coverage

General Occurrence Limit: 300,000

Number of RV's:

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Fig. 4/4

DATE: 06/20/2010



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CMP Quoting

testing don I click
testing don I click # 0010

Policy | Property | Locations | Liability Details | Claims

* Required fields

TEST 1

New Quote

Liability Classifications

Church	* Sq Ft: 25000
Church Building Including On-Premises Cemetery	* Sq Ft of Church:
Church Office Building	* Sq Ft:
Playgrounds	How Many? 1
Mothers Day Out Rated as Nursery	* Sq Ft: Medical Sublimit (\$): Same as Policy Med Sublimit Include Students? No # of Students:
Miscellaneous Small Retail Stores	* Sq Ft:
Thrift Shop	* Sq Ft:
Food &/Or Clothing Pantry	* Sq Ft:
Mission Church	* Sq Ft:

FIG. 4 I

QUOTE# 68420460

Dwellings - One-Family - Lessors Risk	* How Many? 1
Dwellings - Two-Family - Lessors Risk	* How Many? 1
Apartment, Tenement, Boarding Or Rooming Houses	* Sq Ft:
Cemeteries Off Premises	* Acres:
Non-Owned Parking Lot	* Sq Ft:
Vacant Land - Less Than 5 Acres	* Linear Ft:
Vacant Land - 5 Acres Or More	* Linear Ft:
Building Or Premises - Commercial Lessor's Risk	* Sq Ft:
Real Estate Development Property	* Acres:
Lakes Or Ponds	* With Swimming 0 * Without Swimming 0 (Enter number of Lakes / Ponds in each category)
Construction Operations - Owner	* Total Cost (\$):

Other Liability Coverages

Parsonage - No Charge	(No Charge)
Fire Legal (over \$100,000)	* Liability (\$): 100000 (enter total liability amount)
Nonowned Property Damage (\$100,000 minimum)	* Liability (\$):
Special Events Non-Reporting	Exposure: Moderate
Nonowned/Rented Vehicle	Sublimit (\$): Same as Policy Occur Sublimit # of Days: 1 to 21 Include Rental Liability/Physical Damage? Yes

FIG. 4 J

OFF "68420460

Sexual Misconduct	Sublimit (\$): 300,000 Does applicant currently have a screening program in place? No Screening Credit (%): N/A Include Employment-related Sexual Harrassment and Sexual Acts Liability (BGL-861)? N/A	
Clergy/Lay Counseling	Sublimit (\$): Same as Policy Occur Sublimit * # of Clergy: 3 * # of Trained Lay Counselors: 6	
Fee-Based Counseling	Sublimit (\$): Same as Policy Occur Sublimit * Coverage Type: - Select - Average Weekly Hours: 0 to 20 * # of Counselors: 0	
Religious Communications/Activities	(Flat charge)	
Directors and Officers	Sublimit (\$): Same as Policy Occur Sublimit * Assets (Millions): - Select -	
Employee Benefits	(Flat charge)	
Employment Practices	Sublimit (\$): Same as Policy Occur Sublimit * Deductible (\$): - Select - 1. Does the applicant consult an attorney for employment practices liability issues? Yes 2. Does the applicant plan to terminate any officers, employees or positions within the next 24 months? No 3. In the past 5 years have any incidents occurred, claims been made or suits filed against the applicant involving alleged: discrimination, wrongful termination, breach of contract, or sexual harrassment? No	
Discrimination Coverage	(Flat Charge)	
Defense Reimbursement	(Flat Charge)	

FLG. 4K

QUOTE# 68420260

Religious Operations Athletic Medical	Sublimit (\$): Same as Policy Med Sublimit ▾
Wage Loss Reimbursement (Flat Charge)	
Nurse's Professional	Sublimit (\$): Same as Policy Occur Sublimit ▾
Pesticide Application	Sublimit (\$): 200,000 ▾
Construction Supervision (Flat Charge)	
Incidental Broadcasting (Flat Charge)	
Clergy Death Benefit (Flat Charge)	

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FIG. 4L

QUOTE# 63420460



AgentAccess

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Rated CMP Quote

Liability IRPM (%):	<input type="text" value="0"/>	<input type="text" value="-"/>	<input type="text"/>
Property IRPM (%):	<input type="text" value="0"/>	<input type="text" value="-"/>	<input type="text"/>

testing don I glick
testing don I glick # 0010

500

PRINT | EDIT QUOTE | APPLY IRPM | CONVERT TO APP

FIG 5A

001E01 68420260

Brotherhood Mutual Insurance Company
Ministry First Insurance Proposal

Quote #: 95304

Prepared for: TEST 2

Printed : 10/17/2000 10:11 a

Agency Number : 0010

Agent Name : 0 - TESTING DON L ZZ GLICK

456 SPRING STREET

FORT WAYNE, IN 46803

Brotherhood Mutual Ins.
3434 Kirkland Ave.
Fort Wayne, IN 46805
219-482-8668

Comments :

Risk Type : Church

Township/F.D. :

State : 13

County : ALLEN

3-Year Fixed : N

	Adj Premium	IRPM	Net Premium
(\$500 Deductible) Property :	1342	0	1342
Liability :	1037	0	1037
Totals :	2379		2379

Building/Personal Property Specifications

Auto Increase - Buildings: 4% per year

Personal Property: 4% per year

Coverage Format: Scheduled Values

F26 5B

007E07 68420260

Loc # : 1 - 456 SPRING STREET

Inside City Limits? : Y
County : ALLEN
Fire Territory : 1
ISO Protection Class : 8
Special Load? : Y
Building # : 1 - CHURCH
Class Code : Church
Construction(s) : *Frame Brick*
Sprinkler? : Under 60%
Largest Open Area : N/A
Open Sided? : N
Alarm Protection? : N
Alarm Type? : N/A
Earthquake Coverage? : N

Township/Fire District :
Subscribe to Fire District? : N/A
EC Territory : 1
Special Perils Territory : A
Coinsurance % : 100%
Total Sq. Ft. : < 15
Year Built :
Mine Subsidence? : N
Superior Roof? : N

FILA. SC

Loc/Bldg Coverage	Repl Cost?	Net Rate	Risk Amt	Net Premium
101 Bldg - Fire/Vandalism	Y	0.116	\$500,000	580
101 Bldg - EC	Y	0.059	\$500,000	295
101 Bldg - Spec Perils Incl Theft	Y	0.015	\$500,000	76
101 Bldg - Automatic Increase	Y	0.000	\$500,000	19
101 Pers Prop - Fire/Vandalism	Y	0.141	\$75,000	106
101 Pers Prop - EC	Y	0.059	\$75,000	44
101 Pers Prop - Spec Perils Incl Theft	Y	0.057	\$75,000	43
101 Pers Prop - Automatic Increase	Y	0.000	\$75,000	4

Policy Coverage Options

Coverage	Repl Cost?	Net Rate	Risk Amt	Net Premium
\$500 Deductible		0.000		-150
Fidelity Bond		0.000	\$2,500	0
Prop Protector+ & Ordinance And Law Endorsement - \$10000 Water Damage Limit		0.000		162
Coverage System Equipment Breakdown	500	0.000	\$575,000	163

007E0T" 68420/60

General Liability

Activities to Sq Ft Ratio : Low
Size Category : Low

of Full-time employees 3
of Part-time employees 1

Limits of Liability

Each Occurrence : 1,000,000
Medical Payments (per person) : 5,000
General Aggregate : 3,000,000

Liability Territory : 1

FIG. 5D

Liability Classifications

Church:

Sq Ft : 12000

Other Liability Coverages

Special Events Non Reporting:
Nonowned/Rented Vehicle:

of Days : 1 to 21

Sexual Misconduct:

Screening Program ? N

Clergy/Lay Counseling:

of Clergy : 2

Religious Communications/Activities:

Directors & Officers:

Assets : 0 - 3M

Discrimination Coverage:
Defense Reimbursement:
Religious Operations Athletic Medical:
Wage Loss Reimbursement:
Clergy Death Benefit:

Include Rental Liability/Physical Damage ? Y

Exposure : Moderate
Sublimit : Policy Limit

Sublimit : 300,000

Screening Credit : 0

Sublimit : Policy Limit

of Lay Counselors :

Flat Charge

Sublimit : Policy Limit

Flat Charge

Flat Charge

Sublimit : Policy Med Limit

Flat Charge

Flat Charge

QUOTE# 63420260

Liability Details

Class	Coverage	Net Rate	Exposure Amt	Net Prem
Church	B/PPD	2.098	12,000	252
Church	B/PPD Operations	8.404		8
Church	Med Payments	0.960	12,000	115
Church	Med Operations	8.282		8
Church	Protect Plus	13.576		14
SPECIAL EVENT		50.019		50
N/O VEH LIAB		22.736	1	23
Rent VEH LIAB		31.830	1	32
Rent VEH PHYD		22.140	1	22
SX L&D NO SCR		175.000	1	175
PAST COUNSEL		19.394	2	39
RELIG COMM		12.929	1	13
D & O 0-3 MIL		109.133	1	109
DISCRIMINATION		14.222	1	14
DEFENSE COST		60.000	1	60
ATHLETIC LIAB		6.465		6
RELIG ATH MED		53.833	1	54
WAGE LOSS		7.380	1	7
CLERGY DEATH		36.000		36

-- End of Quote --

FI 4.5E

DATE OF BIRTH 6/24/2026



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CMP Application

testing don l glick
testing don l glick # 0010

CMP Application

Supplemental Forms

Actions

General Information

- Mortgages, Loss Payees, & Additional Insureds
- Insurance History
- Property Coverages
- Building & Coverages
- Inland Marine Schedules
- Liability Coverages
- Clergy Coverages
- File Attachments

* Required fields

TEST 3

Quote # 95305

* Sub-Agent #: 99

Policy State: IN

* Agent Name: TESTING DON L ZZ GLICK

Territory: N/A

Submission Status

- Issue New
- Issue Replacement

Quote #: 95305

CMP #:

Policy Effective Date: 10/04/2000

(MM/DD/YYYY)

Account Information

* Denomination / Association Affiliation:

Partnership Group #:

Enroll in Group?

Yes

Include Headquarters as Additional Insured?

Yes

* Account Name:

TEST 3

(Primary risk name only)

600

FIA, 6A

605

OFFICE 68420260

* Mailing Address: 910 W. CHURCH

* City: FORT WAYNE

* Zip Code: 46805

* State: IN

Bill to: Insured

(Billing name and address required if other than insured)

Billing name:

Billing Address:

City:

State:

Zip Code:

CMP Billing Mode: Annual

Legal status of Applicant:

Corporation

Not-for-profit

* Year founded: (YYYY)

Years at this location:

Risk Type: Church with Both

Comments:

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CMP Application

testing don | glick
testing don | glick # 0010

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TEST 3 - Quote # 95305

Errors for General Information

You have omitted some important information on the General Information page. You may either return to the page now to fill out the information or you may continue and return at a later time. You will be required to complete this information before you can submit this application.

Click here to go back to the General Information page --> [Go Back](#)

Click here to continue and come back later --> [Continue](#)

Missing Fields	Other Errors
* Denomination * Year Founded	

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FILE 6C

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CMP Application

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testing don | glick # 0010

CMP Application

Supplemental Forms

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ADD ENTRY | DELETE ENTRY

General Information

Mortgagees, Loss Payees, & Additional Insureds

New Entry

Insurance History

Property Coverages

Building & Coverages

Inland Marine

Schedules

Liability Coverages

Clergy Coverages

File Attachments

* Required fields

TEST 3

Quote # 95305

Mortgagees, Loss Payees, & Additional Insureds

Type: Mortgagee

* Name:

630

* Address:

* City:

* Zip Code:

* State:

Loan number:

Describe property under the lien or subject to additional insured coverage:

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FZK 6D

SECRET

You did not enter an Insured name. This lienholder will not be saved. Click cancel to continue editing this document.

OK

Cancel

FZ 4. 6F

001E01" 63420260



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testing don I glick # 0010

CMP Application

Supplemental Forms

Actions

General Information

Mortgages, Loss

Payees, & Additional Insureds

Insurance History

Property Coverages

Building & Coverages

Inland Marine Schedules

Liability Coverages

Clergy Coverages

File Attachments

* Required fields
TEST 3

Quote # 95305

Insurance History

Policy Term
(inception - expiration)

* Insurance Company

Policy Number

Current CMP premium (\$):

Premium quoted (\$): 6366

Premium desired from Brotherhood Mutual (\$): 6,366.00

Please list any other policy numbers with Brotherhood Mutual:

F.I.B. 6F

QUOTE# 68420260

Have you been uninsured at any time during the past three years?

If Yes, please explain:

Has any insurance company cancelled or refused to renew any CMP, Auto, or Worker's Compensation policy for you in the last 5 years?

If Yes, please explain:

Loss History

* Within the last 5 years, please describe any loss paid by an insurance company, any loss pending that has not been paid, or any loss greater than \$1,000 that was not covered by insurance: ☐ None

Description of Loss	Date of Loss	Amount of Loss
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Has your organization or its leaders (in connection with your organization) been a party to any lawsuit during the past five years?

If Yes, please give detailed explanation:

Are you aware of any past or present situation or dispute that could result in a claim or lawsuit being made against your organization or its leaders?

If Yes, please give detailed explanation:

FILE 64

00T60T" 63420260

Fraud Statement

Brotherhood Mutual Insurance Company relies on the information provided in this application and supplemental coverage request forms to determine whether a proposal or policy will be issued and at what premium level. Any person who knowingly and with intent to defraud an insurance company, files an application for insurance containing any materially false information, or concealing any material information, will be subject to any and all applicable civil, criminal, and contractual penalties.

* Person interviewed:

Title:

* Date:

 (MM/DD/YYYY)

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F16 6H

001007 62420260



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CMP Application | Supplemental Forms | Actions

TEST 3 - Quote # 95305

Errors for Insurance History

You have omitted some important information on the Insurance History page. You may either return to the page now to fill out the information or you may continue and return at a later time. You will be required to complete this information before you can submit this application.

Click here to go back to the Insurance History page --> [Go Back](#)

Click here to continue and come back later --> [Continue](#)

Missing Fields		Other Errors	
* Name of person interviewed		* At least one previous insurance company must be provided	
* Date person interviewed		* Loss History must be provided - either indicate no losses by marking the None checkbox or provide details of loss	

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FIG. 6I

DATE: 6/20/00



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General Information

* Required fields
TEST 3

Quote # 95305

Mortgages, Loss

Payees, & Additional

Insureds

Insurance History

Property Coverages

Building & Coverages

Inland Marine

Schedules

Liability Coverages

Clergy Coverages

File Attachments

Property Coverages

Did the insured reject Equipment Breakdown Coverage?

No ☐

Do any buildings contain objects (boilers) requiring state inspection?

No ☐

If yes, please indicate which buildings:

☐ CHURCH - Loc 1 Bldg 1

☐ SCHOOL - Loc 1 Bldg 2

Person to contact for inspection-

Contact name:

Title:

Phone number:

Inland Marine Coverages

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File 65

DOTED 63420260



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testing don't click # 0010

CMP Application

Supplemental Forms

Actions

General Information

* Required fields
TEST 3

Quote # 95305

Mortgages, Loss

Payees, & Additional

Insureds

Insurance History

Property Coverages

Building & Coverages

910 W. CHURCH

CHURCH

SCHOOL

3452 N. WELLS

Inland Marine

Schedules

Liability Coverages

Clergy Coverages

File Attachments

Building Information

Occupancy: CHURCH - Loc 1 Bldg 1

Building Class: Church

Building

Limit (\$): 1,500,000.00

Contents

250,000.00

Address: 910 W. CHURCH

* City: FORT WAYNE

* State: IN

* Zip Code: 46805

Interest in Building: Owner/occupant

If landlord, describe occupancy of tenant:

* Number of Fire Extinguishers:

Wood-burning Stove?

No

Wood Burning Stove Report

Security Alarm Systems

FIG. 7A

DATE: 6/20/20

Extent of Protection:

*** Response Time (Guard or Police):**

- ☐ Protects all exterior openings
Does not exceed 15 minutes (A)
- ☐ Protects all ceilings - floors- and walls
Does not exceed 20 minutes (B)
- ☐ Interior sound / motion detectors or beams
Does not exceed 30 minutes (C)
- ☐ Protects only doors with contacts
N/A

*** Type of Protection:**

- ☐ Local (Loud sounding outside alarm)
- ☐ Central station alarm company (24 hours)
- ☐ Auxiliary to attended police station
- ☐ Watchman on duty afterhours

Does central station alarm company have keys to insured's property?

No ☐

Is there a maintenance contract for regular inspection and service of the alarm?

Yes ☐

Frequency of service:

Fire Alarm Systems

Type of Alarm:

If building is sprinklered:

- ☐ Manual pull station
- ☐ Smoke
- ☐ Heat
- ☐ Water flow alarm
- ☐ Low water pressure alarm
- ☐ Gate valve supervision

*** Type of Protection:**

- ☐ Local (Outside alarm)
- ☐ Central station alarm (24 hours)
- ☐ Auxiliary to attended fire / police station
- ☐ Watchman on duty afterhours

Extent of property protected by fire alarm:

%

Does central station alarm company have keys to insured's property?

No ☐

Is there a maintenance contract for regular inspection and service of the alarm?

Yes ☐

Frequency of service:

FLA. 7B

DOT EOT " 63420250

Property Survey and Pictures

You may attach the property survey and/or pictures of this building here:

Files attached so far: None

Type in name of file to attach or use browse button for assistance.

If you need to attach more than one file, Click here after filling in the file name above for each file.

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FIA 7C

DATE: 6/24/2016



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CMP Application | Supplemental Forms | Actions

TEST 3 - Quote # 95305

Errors for Building & Coverages

You have omitted some important information on the Building & Coverages page. You may either return to the page now to fill out the information or you may continue and return at a later time. You will be required to complete this information before you can submit this application.

Click here to go back to the Building & Coverages page --> [Go Back](#)

Click here to continue and come back later --> [Continue](#)

Missing Fields	Other Errors
<ul style="list-style-type: none">* Number of Fire Extinguishers* Security Alarm Response Time* Security Alarm Type of Protection* Fire Alarm Type of Protection* Extent of property protected by fire alarm	

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QUOTE# 68420260



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CMP Application

Supplemental Section

Action

* Required fields
TEST 3

Quote # 95305

- General Information
- Mortgagees, Loss Payees, & Additional Insureds

Insurance History

Property Coverages

Building & Coverages

910 W. CHURCH

CHURCH

SCHOOL

3452 N. WELLS

Inland Marine

Schedules

Liability Coverages

Clergy Coverages

File Attachments

Building Information

Occupancy: SCHOOL - Loc 1 Bldg 2

Building Class: Classroom

Building

Contents

Limit (\$): 750,000.00

225,000.00

Address: 910 W. CHURCH

* City: FORT WAYNE

* State: IN

* Zip Code: 46805

Interest in Building: Owner/occupant

If landlord, describe occupancy of tenant:

* Number of Fire Extinguishers:

Wood-burning Stove? No Wood Burning Stove Report

Property Survey and Pictures

F26 7C

Property Survey and Pictures

You may attach the property survey and/or pictures of this building here:

Files attached so far: None

Type in name of file to attach or use browse button for assistance.

If you need to attach more than one file, Click here after filling in the file name above for each file.

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FIG 7F

DATE OF " 63420460



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CMP Application | Supplemental Forms | Actions

TEST 3 - Quote # 95305

Errors for Building & Coverages

You have omitted some important information on the Building & Coverages page. You may either return to the page now to fill out the information or you may continue and return at a later time. You will be required to complete this information before you can submit this application.

Click here to go back to the Building & Coverages page --> [Go Back](#)

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Missing Fields	Other Errors
* Number of Fire Extinguishers	

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FIG. 76

DOTCOT 63420260



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FLG. 8A

CMP Application Supplemental Form Actions

ADD SCHEDULE

* Required fields

General Information

TEST 3

Select New Schedule Type: Scheduled Misc Property

Quote # 95

1.	Mortgagees, Loss Payees, & Additional Insureds	Value \$	0	Sub-T
2.	Insurance History	Value \$	0	Sub-T
3.	Inland Marine Schedules	Value \$	0	Sub-T
4.	Liability Coverages	Value \$	0	Sub-T
5.	Clergy Coverages	Value \$	0	Sub-T
	File Attachments	Value \$	0	Sub-T

300

F14. 8B

DATE OF "68420260

6.		Value \$	0	Sub-T
7.		Value \$	0	Sub-T
8.		Value \$	0	Sub-T
9.		Value \$	0	Sub-T
10.		Value \$	0	Sub-T
11.		Value \$	0	Sub-T
12.		Value \$	0	Sub-T
13.		Value \$	0	Sub-T
14.		Value \$	0	Sub-T
15.		Value \$	0	Sub-T
16.		Value \$	0	Sub-T

NOTE: 63420260

Fig 8C

17.	Value \$	0	Sub-T
18.	Value \$	0	Sub-T
19.	Value \$	0	Sub-T
20.	Value \$	0	Sub-T

Additional Comments:

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CMP Application

Supplemental Forms

Actions

*** Required fields**

TEST 3

Quote # 95305

General Information

• Mortgages, Loss Payees, & Additional Insureds

Insurance History

- Property Coverages

► Building & Coverages

Inland Marine
Schedules

- Liability Coverages

► Clergy Coverages

File Attachments

Liability Coverages
The following information is required to complete the liability coverages requested on the quote:

Directors and Officers	
* How many board members are on the governing board?	<input type="text"/>
Does the board provide direct or indirect oversight to any other organizations or entities?	<input type="text"/> Yes <input checked="" type="radio"/> No

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FZG. 9A

DATE: 6/20/200



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CMP Application | Supplemental Forms | Actions

TEST 3 - Quote # 95305

Errors for Liability Coverages

You have omitted some important information on the Liability Coverages page. You may either return to the page now to fill out the information or you may continue and return at a later time. You will be required to complete this information before you can submit this application.

Click here to go back to the Liability Coverages page --> [Go Back](#)

Click here to continue and come back later --> [Continue](#)

Missing Fields	Other Errors
* Number of board members	

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FILE 9B

DATE: 6/20/2010



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CMP Application

Supplemental Form

Options

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testing don't click # 0010

* Required fields

TEST 3

Clergy Information

Quote # 95305

Pastor's Name

Clergy # 1

Insurance History

Property Coverages

Building & Coverages

Inland Marine

Schedules

Liability Coverages

Clergy Coverages

1

File Attachments

Sublimit for Jewelry, Fine Arts, etc:

☐ Attach scanned image

☐ US Mail

☐ FAX

☐ Online Schedule Inland Marine Schedule

Sublimit for Office Equipment, Sports, etc:

☐ Attach scanned image

☐ US Mail

☐ FAX

☐ Online Schedule Inland Marine Schedule

Additional Interest

Type:

Additional Insured

Name:

Address:

City:

Zip Code:

State:

Fig. 10A



Loan number:

Describe property under the lien or subject to additional insured coverage:

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FIG. 10B

00T EOT" 63420260



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TEST 3 - Quote # 95305

Errors for Clergy Coverages

You have omitted some important information on the Clergy Coverages page. You may either return to the page now to fill out the information or you may continue and return at a later time. You will be required to complete this information before you can submit this application.

Click here to go back to the Clergy Coverages page --> [Go Back](#)

Click here to continue and come back later --> [Continue](#)

Missing Fields		Other Errors
* Clergy Name		* Indicate how the IM Schedule for Jewelry, Fine Arts, etc will be provided * Indicate how the IM Schedule for Office Equipment, Sports, etc will be provided

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FZg. 10C

DATE: 03/20/2000



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Supplemental Forms

Actions

ADD ENTRY

- ▶ General Information
- ▶ Mortgagees, Loss Payees, & Additional Insureds
- ▶ Insurance History
- ▶ Property Coverages
- ▶ Building & Coverages
- ▶ Inland Marine Schedules
- ▶ Liability Coverages
- ▶ Clergy Coverages

■ **File Attachments**

■ New Entry

* Required fields

TEST 3

File Attachments

Brief Description of files:

Type in name of file to attach or use browse button for assistance.

If you need to attach more than one file, Click here after filling in the file name above for each file.

Comments :

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Fig. 11

090249 110310



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CMP Application

CMP Application

Supplemental Forms

Activities

■ Church Profile **R**

- **Primary**

► School/Day Care
Profile R

► Property Risk Survey

► Liability Risk Survey

*** Required fields**

TEST 3

Quote # 95305

1200

Church Profile (Primary Risk)

Average worship attendance this year:

Average worship attendance last year:

*** Number of weekly worship services and regularly scheduled meetings and events:**

Estimated current year budget:

Seating capacity of sanctuary / auditorium:

Ministry setting:

Average number of junior / senior high youth active in weekly programs:

Church Authority

FIG 12A

NOTE: 6/3/2016

- * The church government is described as:
- * Major decision-making authority rests with:
- * Does the pastor have the authority to make large organizational or financial decisions without approval from any governing board?

Note: cannot bind if pastor has major decision making authority

Additional Information:

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FIG. 12 B

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TEST 3 - Quote # 95305

Errors for Church Profile

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Click here to go back to the Church Profile page --> [Go Back](#)

Click here to continue and come back later --> [Continue](#)

Missing Fields	Other Errors
<ul style="list-style-type: none">* Number of weekly worship services & events* Church government* Major decision-making authority* Pastor authority	

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FIA 12C

DOTDOT" 68720450



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CMP Application

CMP Application Supplemental Forms Actions

* Required fields

TEST 3

- Church Profile ☒
- School/Day Care Profile ☒
- Property Risk Survey ☒
- Liability Risk Survey ☒

Quote # 95305

Liability Risk Survey

Does the applicant have a safety/risk management policy for their premises and activities?

No

General condition of premises:

Are all the floor surfaces in good condition, free from tripping / slipping hazards?

Yes

Are all the stairways in good condition and well lit?

Yes

Are there solid handrails for all the steps and stairways?

Yes

Is there a formal snow and ice removal plan for lots and walkways?

No

Are all the buildings equipped with emergency lighting that activates during power loss?

Yes

Are all the exit doors equipped with panic hardware and unlocked during occupancy?

Yes

Current exposures on owned or leased premises:

(Check all that exist)

☐ None of the exposures below exist on premises

F16. 12D

NOTE: 68420460

☐ Elevators/escalators/lifts

☐ Baptistry

☐ Playgrounds with equipment

Type equip:

Ground cover:

☐ Outdoor athletic fields/courts

Type:

☐ Stadiums or bleachers

Capacity:

☐ Indoor gymnasium

☐ Fitness or exercise training

☐ Weight training equipment

☐ Trampolines

☐ Stages (2 ft. or higher)

☐ Balconies or lofts

☐ Swimming Pools

☐ Lake or Pond

☐ Diving boards

☐ Thrift shops

☐ Food banks

☐ Certified life guards

☐ Stadiums or bleachers

☐ Animals kept on premises

Type:

☐ Goods - services - food sold

Describe:

☐ Goods manufactured for sale

Describe:

☐ Radio / TV broadcasts

Describe:

Do outside groups use the premises on a recurring basis?

No

List the groups:

Is written use of the premises agreement required?

No

If yes, how will a copy be provided?

N/A

* Is there any overnight sheltering permitted on any owned premises?

- Select -

If yes, please describe:

Any there any parking lots on the owned premises?

Yes

Describe the parking lot surface:

Paved

Any parking lots separated from premises by a public roadway?

No

Are all the parking lots well lit?

No

FIG. 12E

OUTLET 68420450

No

Please describe any other exposures on the owned premises:

Exposures from sponsored activities:

- Hay rides: ☐ Last 3 yrs ☐ Next 3 yrs
- Snow skiing trips: ☐ Last 3 yrs ☐ Next 3 yrs
- Snowmobiling trips: ☐ Last 3 yrs ☐ Next 3 yrs
- Water skiing trips: ☐ Last 3 yrs ☐ Next 3 yrs
- Rafting / canoeing trips: ☐ Last 3 yrs ☐ Next 3 yrs
- Rock climbing / rappelling trips: ☐ Last 3 yrs ☐ Next 3 yrs
- Cycling trips: ☐ Last 3 yrs ☐ Next 3 yrs
- Sponsored carnivals or circuses: ☐ Last 3 yrs ☐ Next 3 yrs
- Sponsored road rallies: ☐ Last 3 yrs ☐ Next 3 yrs
- ATV, go-cart, or dirt bike events: ☐ Last 3 yrs ☐ Next 3 yrs
- Fireworks displays sponsored: ☐ Last 3 yrs ☐ Next 3 yrs
- Admissions charged for public events: ☐ Last 3 yrs ☐ Next 3 yrs
- Sports leagues sponsored by you: ☐ Last 3 yrs ☐ Next 3 yrs

List type:

Any other sports league participation? ☐ Last 3 yrs ☐ Next 3 yrs

List type:

- Group trips at more than 50 miles distance: ☐ Last 3 yrs ☐ Next 3 yrs
(Last 3 yrs) (Expected next 3 yrs)
- Estimated number per year:
- Foreign mission trips: ☐ Last 3 yrs ☐ Next 3 yrs
(Last 3 yrs) (Expected next 3 yrs)
- Estimated number of participants:
- Weekend retreats: ☐ Last 3 yrs ☐ Next 3 yrs
(Last 3 yrs) (Expected next 3 yrs)
- Estimated number of retreats per year:
- Estimated number of participants per year:
- Overnight youth "lock-ins": ☐ Last 3 yrs ☐ Next 3 yrs
- Camps owned or operated: ☐ Last 3 yrs ☐ Next 3 yrs

Fig. 12F

007E07"63420260

Describe:

Summer camping weeks: ☐ Last 3 yrs ☐ Next 3 yrs
(Last 3 yrs) (Expected next 3 yrs)

Estimated number of camp weeks per year:

Estimated number of participants per year:

Programs providing transportation of non-members to or from activities: ☐ Last 3 yrs ☐ Next 3 yrs

Any New / remodeling building projects: ☐ Last 3 yrs ☐ Next 3 yrs

Any Volunteer labor involved? ☐ Last 3 yrs ☐ Next 3 yrs

Are you or will you be the general contractor? ☐ Last 3 yrs ☐ Next 3 yrs

Any Building demolition projects? ☐ Last 3 yrs ☐ Next 3 yrs

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Fig 116

QUOTE# 68420460



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TEST 3 - Quote # 95305

Errors for Liability Risk Survey

You have omitted some important information on the Liability Risk Survey page. You may either return to the page now to fill out the information or you may continue and return at a later time. You will be required to complete this information before you can submit this application.

Click here to go back to the Liability Risk Survey page --> [Go Back](#)

Click here to continue and come back later --> [Continue](#)

Missing Fields	Other Errors
	* Indicate if overnight sheltering permitted

CMP Application | Supplemental Forms | Actions
Submit | Delete | Help | Account View | AgentAccess Home | Contact Us
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FIG. 12 H

QUOTE# 68420460



Brotherhood Mutual™
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AgentAccess

SUBMIT | DELETE | HELP | AGENT VIEW | AGENTACCESS HOME

CMP Application

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CMP Application | **Supplemental Forms**

Actions

■ Action Menu

● [Print Forms](#)

TEST 3

Quote # 95305

Application Status is Draft

- [Submit Application](#) - Edits application for completeness, then, if it passes the edits, submits the application to the home office for processing. Once the application is successfully submitted, it can no longer be edited on the Web.
- [Edit Application](#) - Edits application for completeness but does not submit the application to the home office. This is a useful function to perform prior to printing a copy of the application for review by the applicant.
- [Revert To Quote](#) - Return to the Web Quoting screens for this application. The quote will be in draft mode so you can make changes. After the quote is rated, you can return to the application from the Print Quote screen with no loss of application data.
- [Delete Application](#) - Deletes the application and the quote.

[Submit](#) | [Delete](#) | [Help](#) | [Account View](#) | [AgentAccess Home](#) | [Contact Us](#)

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FIG. 13